

Inactivation of Factor VIII Coagulant Activity by Two Different Types of Human Antibodies

By Maria S. Gawryl and Leon W. Hoyer

Human antibodies that inactivate factor VIII procoagulant activity (VIII:C) are heterogeneous in their kinetic properties. We report here the properties of four type I and four type II antibodies classified according to Biggs et al. Type I antibodies have second-order inactivation kinetics and completely destroy VIII:C when present in high concentration; type II antibodies have more complex kinetics and do not completely inactivate VIII:C even when tested undiluted. The latter properties correspond to the *in vivo* finding in some patients that there is detectable VIII:C, even though there is also a significant inhibitor titer. It has been suggested that the antibody-antigen complex in these patients retains some VIII:C activity. This is unlikely, however, since protein-A-Sepharose (PAS) did not adsorb

any VIII:C activity from mixtures of type II antibodies with normal human plasma. An alternate possibility, reduced VIII:C inactivation due to a steric effect of the factor-VIII-related protein (VIII_R, von Willebrand factor), appears to be a more important factor, since three of four type II antibodies had inactivating properties like type I antibodies when they were tested with separated VIII:C instead of plasma. Although the fourth type II antibody did not completely inactivate separated VIII:C, the residual coagulant activity was adsorbed from this mixture by PAS. These data indicate that type II anti-VIII:C react with different antigenic determinants than type I antibodies and that these determinants are partially blocked in the factor VIII complex by VIII_R.

ANTIBODIES TO FACTOR VIII develop in approximately 5%–20% of patients with severe classic hemophilia who require repeated transfusions.¹ They also occur spontaneously as autoantibodies in postpartum women, in patients with autoimmune diseases, and in elderly individuals with no apparent abnormality.² These IgG antibodies inactivate human factor VIII procoagulant activity (VIII:C) and do not react with human factor-VIII-related protein (VIII_R, von Willebrand factor).^{3,4}

The inactivation of VIII:C by these human antibodies is time and temperature dependent.^{5,6} When carefully studied, the inactivation pattern is not uniform, however, and two types of antibodies have been distinguished by kinetic analysis. Type I antibodies, in sufficient quantities, completely inactivate VIII:C and there is a linear relationship when the logarithm of residual VIII:C activity is compared to the antibody concentration.⁷ In contrast, type II antibodies do not completely inactivate VIII:C, even when undiluted. VIII:C inactivation by type II antibodies has a different kinetic pattern as well, with a nonlinear (complex) relationship of residual VIII:C and antibody concentration.⁸ These properties of type II antibodies may be responsible for the observation in some patients that small amounts of VIII:C can be detected even though an inhibitor is present.⁹ It has been suggested that the antibody-antigen complexes in these patients retain VIII:C activity⁷ or that there is a spontaneous dissociation of relatively weak immune complexes.⁸ To examine these hypotheses, type I and type II human anti-VIII:C have been tested with plasma factor VIII complexes and with separated VIII:C. Both standard inhibition assays and adsorption studies have been carried out

MATERIALS AND METHODS

Factor VIII Measurements

Factor VIII procoagulant activity (VIII:C) was measured by a one-stage method using factor-VIII-deficient human plasma as substrate.¹⁰ Factor VIII procoagulant antigen (VIII:CAg) was measured by an immunoradiometric assay using ¹²⁵I-labeled F8C¹¹ prepared from a type I human anti-VIII:C plasma.¹² Factor-VIII-related antigen (VIII:RAg) was determined by an immunoradiometric assay using a rabbit antibody.¹³ The standard (1 U/ml) for all factor VIII measurements was pooled normal human plasma, prepared as previously described.¹⁴

Anti-VIII:C Measurements

Inhibition of VIII:C procoagulant activity was determined by incubating equal volumes of pooled normal human plasma or separated VIII:C¹⁵ with a dilution of antibody plasma for 2 hr at 37°C. The residual VIII:C activity was then measured and in some studies the antibody titer was expressed in Bethesda units.¹⁶ This value was the reciprocal of the antibody plasma dilution that inactivated 50% of the VIII:C activity during the 2-hr incubation. The value for each antibody plasma was the mean of assays done at five different plasma dilutions.

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Human Anti-VIII:C

Eight antibody plasmas that inactivated VIII:C were studied in detail. One type I antibody was obtained from a patient with no previous hemostatic disorder (Ab1). The other three type I antibody plasmas were obtained from patients with severe classic hemophilia who had been repeatedly transfused (Ab2-4). All of the four type II antibodies (Ab5-8) occurred as autoantibodies. These plasma samples had been stored at -70°C for 0.5-13 yr before these studies. The inhibitor plasmas were obtained through the helpful cooperation of Drs. E. G. D. Tuddenham, J. Miller, and M. S. Wiersma. One plasma (Ab8) was purchased from George King Biomedicals, Inc. (Overland Park, Kans.).

The classification of antibodies as type I or type II followed the criteria of Nijzen and coworkers.¹⁶ The relationship of residual VIII:C activity (logarithmic scale) to antibody concentration was determined after a 2-hr incubation with normal plasma at 37°C .

Adsorption of Antibodies and Immune Complexes With Protein-A-Sepharose

Antibody and VIII:C mixtures were adsorbed with protein-A-Sepharose (PAS) (Pharmacia Fine Chemicals, Piscataway, N.J.) after a 2-hr incubation at 37°C . Excess PAS (3 ml of a 30% suspension of PAS beads in saline) was added to 0.5 ml of the mixture and the incubation continued at 37°C for 15 min. The PAS

beads were then removed by centrifugation and the supernatant fluid examined for residual VIII:C. The maximum IgG/PAS ratio in these experiments (10 mg IgG/ml PAS) was well below the capacity of the beads.

In some experiments, human anti-VIII:C antibodies were immobilized by adsorption to PAS before being mixed with VIII:C. After the beads had been incubated with the antibody-containing plasma for 2 hr at room temperature, the beads were washed 3 times with large volumes of barbital-buffered saline (0.135 M NaCl, 0.015 M barbital, 0.010 M sodium barbital, pH 7.5) (BBS). The supernatant fluid was examined in each experiment and it contained less than 2% of the anti-VIII:C activity.

The volume of beads was kept constant in these experiments by employing mixtures of antibody-PAS beads and untreated Sepharose 4B-CL. Unadsorbed normal human plasma or partially purified VIII:C¹⁷ was incubated with an equal volume of the antibody-beads for 1 hr at 37°C and the residual VIII:C was determined in the supernatant fluid after the beads had been removed by centrifugation. PAS beads saturated with normal human plasma IgG served as a control reagent for these studies.

The amount of anti-VIII:C adsorbed to PAS beads was calculated with the assumption that all plasma antibody was bound. This assumption was verified in several studies in which the adsorbed IgG was eluted from washed PAS-antibody beads at pH 2.4. A glycine-NaCl buffer (0.05 M glycine, 0.1 M NaCl, 0.02% sodium azide) was used at a buffer:bead ratio of 9:1 (v/v), the beads removed by centrifugation (7400 g) for 20 min at room temperature, and the supernatant fluid added to 1/40 volume borate buffer (0.1 M boric acid, 0.01 M sodium borate, 0.075 M sodium chloride pH 8.4). After dialysis against at least 250 volumes of borate-buffered saline, pH 7.5 (0.036 M boric acid, 0.063 M sodium hydroxide, 0.159 M sodium chloride), the eluate was concentrated to 1 ml by negative pressure ultrafiltration.

The amount of IgG eluted was determined by Laurell immunoelectrophoresis using rabbit antibodies specific for human gamma

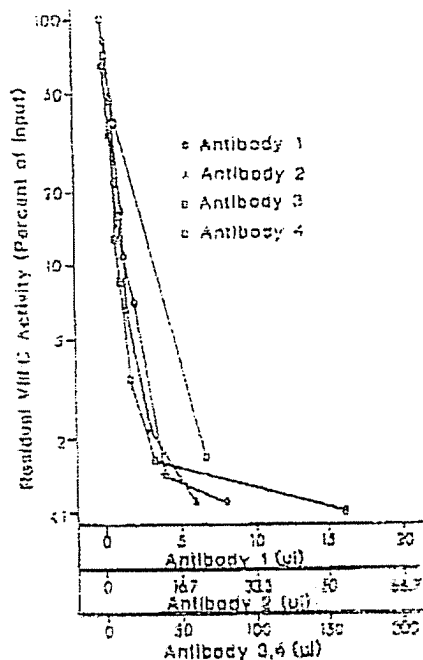


Fig. 1. The inactivation of plasma VIII:C by four type I antibodies. Dilutions of antibody plasma in saline (0.3 ml) and an equal volume of normal plasma were incubated for 2 hr at 37°C prior to the measurement of residual VIII:C activity.

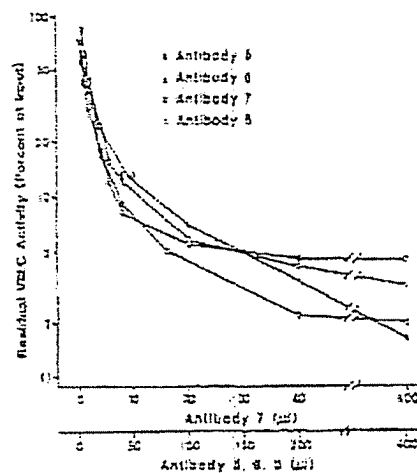


Fig. 2. The inactivation of plasma VIII:C by four type II antibodies. Dilutions of antibody plasma in saline (0.3 ml) and an equal volume of normal plasma were incubated for 2 hr at 37°C prior to the measurement of residual VIII:C activity.

HUMAN ANTI-VIII:C

1105

Table 1. Properties of Human Anti-VIII:C

Antibody	Source	Titre (Arbitrary Units/ml)	Class ^a
1	Autoantibody	800	1
2	Hamochsac	218	1
3	Hamochsac	75	1
4	Hamochsac	14	1
5	Autoantibody	50	2
6	Autoantibody	55	2
7	Autoantibody	207	2
8	Autoantibody	102	2

^a Characterized by reaction kinetics and degree of VIII:C inhibition.¹²

heavy chain.¹² The anti-VIII:C titre of the eluted IgG was determined in the same way as the plasma samples.¹²

RESULTS

The VIII:C inactivating properties of 8 human antibodies were characterized by the method of Biggs and coworkers.¹² Type I antibodies (Ab1-4), at high concentrations, inactivated more than 98% of the VIII:C in a manner consistent with second-order kinetics, resulting in a linear inactivation response (Fig. 1). Undiluted type II antibodies (Ab5-8) did not com-

pletely inactivate plasma VIII:C, and the VIII:C inactivation graph had a curvilinear pattern (Fig. 2). The source, titre, and inactivation patterns of the 8 antibodies are given in Table 1.

The basis for nonlinear inactivation by type II antibodies was investigated by incubating plasma-antibody mixtures with protein-A-Sepharose (PAS) to remove most IgG and any immune complexes formed by IgG₁, IgG₂, or IgG₄ antibodies. Preliminary experiments established that all of the anti-VIII:C activity was adsorbed from the inhibitor plasma when a sufficient quantity of PAS was added.

In control studies, the adsorption of type I antibody-plasma mixtures with PAS had minimal effect on VIII:C inactivation (Fig. 3). Similarly, additional VIII:C inactivation was not noted when type II antibody-plasma mixtures were adsorbed with PAS. Typical data are given in Fig. 4 (Ab8) and Fig. 5 (Ab5). Thus, the nonlinear and incomplete VIII:C-inactivating characteristics of type II anti-VIII:C seen when type II antibodies are incubated with plasma cannot be attributed to the formation of immune complexes that retain VIII:C activity.

The potential role of another factor, steric interference by the factor-VIII-related protein (VIR, von

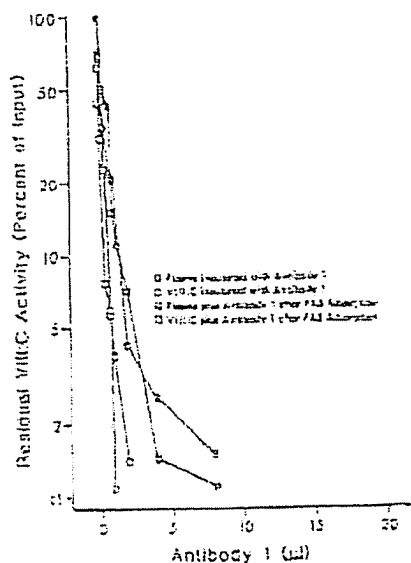


Fig. 3. VIII:C inactivation by antibody 1. Portions of this type I antibody in 0.3 ml saline were tested with 0.3 ml normal human plasma (□) or with separated VIII:C (○). In parallel experiments, 0.3 ml PAS was added to similar mixtures after the initial 2-hr incubation. The residual VIII:C activity was then determined after the PAS beads had been removed by centrifugation from cultures of Ab1 with normal human plasma (□) or with separated VIII:C (○). Similar patterns were identified using Ab2, 3, and 4.

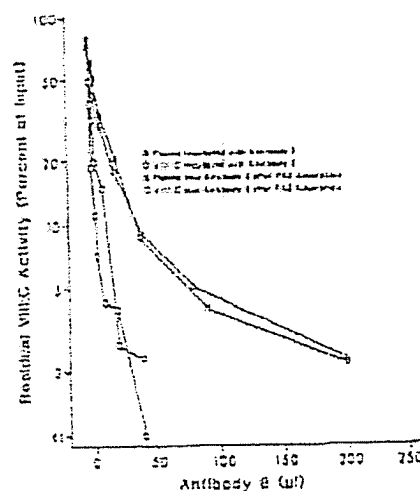


Fig. 4. VIII:C inactivation by antibody 8. Portions of this type II antibody in 0.3 ml saline were tested with 0.3 ml normal human plasma (□) or with separated VIII:C (○). In parallel experiments, 0.3 ml PAS was added to similar mixtures after the initial 2-hr incubation. The residual VIII:C activity was then determined after the PAS beads had been removed by centrifugation from mixtures of Ab8 with normal human plasma (□) or with separated VIII:C (○). Similar patterns were identified using Ab6 and 7.

1106

SAVARY AND MOYER

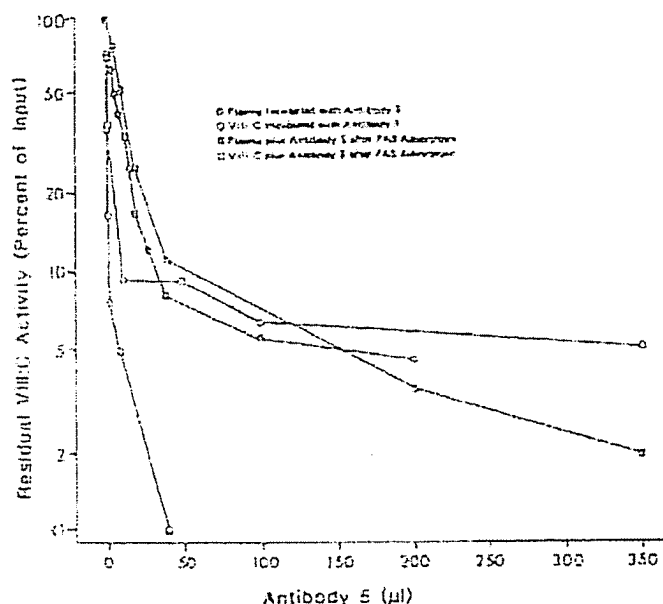


Fig. 6. VIII:C inactivation by antibody 5. Portions of this type II antibody in 0.3 ml saline were tested with 0.3 ml normal human plasma (○) or with separated VIII:C (□). In parallel experiments, 0.3 ml PAS was added to similar mixtures after the initial 2-hr incubation. The residual VIII:C activity was then determined after the PAS beads had been removed by centrifugation from mixtures of Ab5 with normal human plasma (△) or with separated VIII:C (◇).

Willebrand factor), was also considered. In these studies, type I and type II anti-VIII:C were tested with partially purified VIII:C that had VIII:C to VIII:Ag ratios greater than 990:1—in contrast to the 1:1 ratio (by definition) in normal plasma.¹¹

Type I antibodies had similar properties when tested with separated VIII:C, and the inactivating capacity was only slightly greater than that observed with intact plasma (Fig. 3). Subsequent adsorption of the antibody-VIII:C mixture with PAS had no further effect on the amount of residual VIII:C. Thus, VIII:R did not affect the VIII:C-inactivating properties of the 4 type I antibodies.

In contrast, three of the type II antibodies (Ab6-8) inactivated much more VIII:C when it had been separated from VIII:R (Fig. 4). No further augmentation of antibody potency was observed in these experiments if the antibody-VIII:C mixture was adsorbed with PAS. The other type II antibody, Ab5, retained type II characteristics when tested with separated VIII:C, and its properties were unchanged from those observed with whole plasma (Fig. 5). The adsorption of immune complexes by PAS removed VIII:C activity in this case, however. Thus, VIII:R inhibited VIII:C binding by each of the four type II antibodies. In three cases the antibodies had type I properties when tested with separated VIII:C; in the fourth case (Ab5), the

interaction produced an immune complex that retained VIII:C activity.

VIII:C Inactivation by Immobilized Antibodies

A second group of experiments were carried out with immobilized type I and type II antibodies. The quantity of type I or type II antibody plasma incubated with PAS was chosen so that there would be approximately 100 Bethesda units of anti-VIII:C adsorbed by each milliliter of PAS, and the amount of bound antibody was verified in each case by testing the supernatant fluid. In control experiments, normal human plasma IgG was adsorbed with PAS in the same way.

Immobilized type I anti-VIII:C had the same properties as did the antibody in solution. Both plasma VIII:C and separated VIII:C were inactivated—presumably by removal from solution—and the dose-response pattern was linear (Fig. 6). In contrast, the four type II antibodies adsorbed less VIII:C from plasma when they were bound to PAS (Fig. 7). The immobilized type II anti-VIII:C were potentially reactive, however, for they removed over 98% of the VIII:C activity when incubated with separated VIII:C. This pattern—reduced reactivity with plasma VIII:C and increased reactivity with separated VIII:C—was consistent for each of the four immobilized type II anti-

HUMAN ANTI-VIII:C

1107

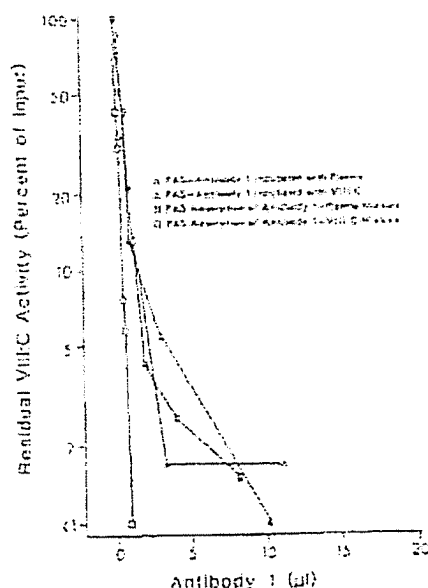


Fig. 6. VIII:C inactivation by antibody 1. This figure compares the effect of PAS-immobilized Ab1 incubated with plasma or separated VIII:C for 2 hr at 37°C and Ab1 incubated with an VIII:C source for 2 hr at 37°C prior to the addition of PAS. Similar patterns were obtained with Ab2, 3, and 4.

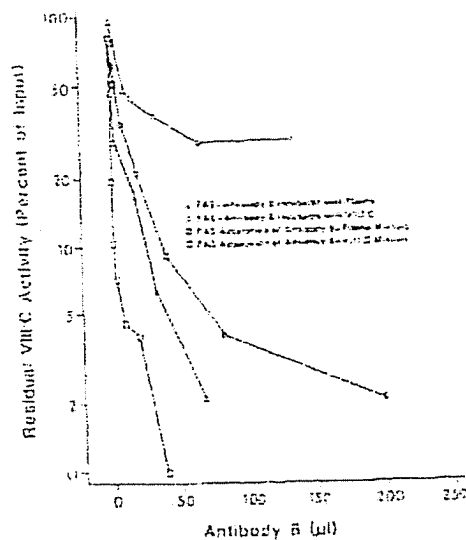


Fig. 7. VIII:C inactivation by antibody 8. This figure compares the effect of PAS-immobilized Ab8 incubated with plasma or separated VIII:C for 2 hr at 37°C and Ab8 incubated with an VIII:C source for 2 hr at 37°C prior to the addition of PAS. Similar patterns were obtained with Ab5, 6, and 7.

bodies. As expected, normal human IgG bound to PAS had no effect on either plasma or separated VIII:C, and $95\% \pm 7\%$ (1 SD) residual activity was measured in three studies.

Both type I and type II antibodies could be eluted from the PAS with glycine-buffered saline, pH 2.5. Measurement of anti-VIII:C activity recovered in this way verified the calculated amount of antibody that had been immobilized.

The studies with immobilized type II antibodies strongly suggested that VIII:R partially blocks the interaction of type II anti-VIII:C with VIII:C determinants. This conclusion was supported by the demonstration that VIII:R in hemophilic plasma inhibited in a dose-dependent manner the inactivation of separated VIII:C by immobilized type II antibodies (Fig. 8). Hemophilic plasma VIII:R had no effect on the properties of an immobilized type I antibody (Ab1, Fig. 6).

The Effect of Type I and Type II Anti-VIII:C on VIII:C Ag and VIII:R Ag Measurements

Residual VIII:C Ag and VIII:R Ag were measured in each of the studies described above. The residual VIII:C Ag levels were similar to most of the VIII:C values, but higher values were noted after some adsorptions. Representative data for a type I antibody (Ab1) and a type II antibody (Ab6) are given in Tables 2 and 3. The immobilized type I and type II antibodies did not remove any VIII:R from plasma (Tables 2 and 3) and the residual VIII:R Ag content in 10 separate experiments was $97\% \pm 4\%$ (1 SD) of that in plasmas incubated with control beads. The separated VIII:C

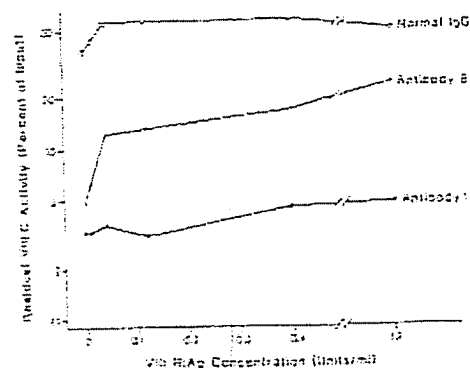


Fig. 8. The effect of hemophilic plasma on the inactivation of separated VIII:C by PAS-immobilized Ab1 (type I, Ab6 type II), and normal IgG. Dilutions of hemophilic plasma made in severe von Willebrand's disease plasma (0.1 ml) were incubated for 2 hr at 37°C with 0.1 ml of immobilized antibody beads and 0.2 ml of separated VIII:C.

1100

GAWRYC AND HOYER

Table 2. Protein-A-Sepharose Adsorption of Anti-VIII:C Incubated With Plasma or Separated VIII:C

Residual VIII:C						
Antibody	Volume* (μ l)	Antibody Plus Plasma			Antibody Plus Separated VIII:C	
		Antibody Plus Plasma			Antibody Plus Separated VIII:C	
		VIII:C (U/ml)	VIII:C _{Ag} (U/ml)	VIII:C _{Ag} (U/ml)	VIII:C (U/ml)	VIII:C _{Ag} (U/ml)
Ab1	1.5	0.04	0.05	0.48	<0.01	0.30
	0.75	0.21	0.17	0.37	<0.01	0.17
	0.38	0.51	0.30	0.57	0.08	0.24
Ab5	150	0.03	0.15	0.48	<0.01	0.05
	30	0.13	0.25	0.49	0.02	0.05
	7.5	0.47	0.64	0.47	0.14	0.17
Buffer	300	0.48	0.55	0.50	0.44	0.47

*Volume of antibody plasma in total volume of 500 μ l. In this was added 300 μ l of either normal plasma or separated VIII:C (1.0 U/ml). The mixture was incubated for 2 hr at 37°C and the IgG eluted with 600 μ l Protein-A-Sepharose.

[At each VIII:C source was added 1:2 with either whole antibody plasma or buffer. 0.0 U/ml indicates no loss or inactivation.]

had very little VIII:Ag (<0.1 U/ml) prior to the adsorption.

DISCUSSION

The inactivation properties of type I and type II human anti-VIII:C have been compared in this study so that the basis for the distinction could be clarified. By studying the ability of protein-A-Sepharose to remove residual VIII:C from solutions containing antigen-antibody complexes, we were able to show that four type II antibodies do not form immune complexes that retain VIII:C activity when they are tested with normal human plasma. Similar inactivation data and residual VIII:C values were obtained before and after protein-A-Sepharose adsorption of mixtures containing plasma and type II antibodies. If the type II antibodies were immobilized on protein-A-Sepharose before being

exposed to plasma, 10%–40% less plasma VIII:C was inactivated (Fig. 7).

In these studies, the less effective VIII:C inactivating properties of type II antibodies appeared to be due to steric inhibition by the VIII:R present in factor VIII complexes. This conclusion was based on the observation that type II antibodies inactivated partially purified VIII:C—free of VIII:R—in the same way as do type I antibodies incubated with plasma. Not all type II antibodies behaved identically, however, for one of them (Ab5) had the same characteristics when tested with separated VIII:C or with plasma (Fig. 5). All VIII:C was removed from the Ab5–VIII:C mixture by protein-A-Sepharose, however, while the addition of PAS had no effect on Ab5–plasma mixtures. These results indicate that Ab5 reacts with VIII:C at a site different from that bound by the other type II antibodies. In the case of Ab5, the immune interaction is prevented by VIII:R, but the antigen-antibody complex formed in the absence of VIII:R retains VIII:C activity. Unless the complex is removed from solution, as by adsorption with PAS, Ab5 only inactivates part of the VIII:C activity.

The conclusion that type II antibodies recognize VIII:C antigens separate from the procoagulant site was supported by inhibition experiments in which VIII:R was added back to separate VIII:C (Fig. 8). VIII:C inactivation of PAS–Ab5 was inhibited in a dose-dependent manner by hemophilic plasma.

We conclude that the different kinetic properties of the two kinds of human anti-VIII:C are due to the different kinds of antigenic determinants with which they react.¹⁶ Type I antibodies appear to interact with a group of antigenic determinants near the part of the molecule responsible for procoagulant activity. In contrast, type II antibodies recognize determinants remote from this region, and they are partially inhibited when

Table 3. The Effect of Immobilized Anti-VIII:C on Plasma and Separated VIII:C

Antibody	Volume* (μ l)	Residual VIII:C					
		Incubated With Plasma			Incubated With Separated VIII:C		
		VIII:C (U/ml)	VIII:C _{Ag} (U/ml)	VIII:C _{Ag} (U/ml)	VIII:C (U/ml)	VIII:C (U/ml)	VIII:C _{Ag} (U/ml)
Ab1	10	<0.01	0.11	1.15	10	0.02	0.06
	1	0.14	0.84	1.13	1	0.13	0.25
	0.1	0.87	0.72	1.11	0.1	0.35	0.48
Ab5	120	0.31	0.65	1.20	134	0.04	0.05
	60	0.35	0.55	1.25	30	0.34	0.31
	10	0.55	0.84	1.00	10	0.49	0.34
Control (normal plasma)	120	0.55	1.20	1.00	134	0.55	1.03

*Volume of antibody or control plasma absorbed to 400 μ l protein-A-Sepharose beads (see Methods). These beads were then washed and incubated with 400 μ l of normal plasma or separated VIII:C (1.0 U/ml) for 2 hr at 37°C.

[The beads were removed from the mixtures by centrifugation and assays done on the supernatant. In this table, 1.0 U/ml indicates no loss or inactivation.]

HUMAN ANTIBODIES

1169

VIII:C is associated with VIIIIR in the intact factor VIII complex. This interpretation is consistent with Green's observation that type I antibodies rapidly and completely inactivated the residual VIII:C activity that was left when plasma was incubated with type II antibodies.¹¹

It is not certain why type II antibodies partially inhibit VIII:C of normal plasma or why the inactivation-concentration relationship is complex (Fig. 2). This pattern may indicate that there is heterogeneity in the antibody specificity so that some of the antibodies inactivate plasma VIII:C while other antibodies can only react with the separated coagulant protein. Alternatively, and more likely, the heterogeneity in plasma factor VIII may cause some VIII:C to be susceptible to inactivation while other VIII:C is protected by a close interaction with the VIIIIR.

Type II antibodies bound to PAS are even less effective in their ability to inactivate plasma VIII:C. In this case, there are potential steric effects produced by both VIIIIR and the protein-A-sepharose. As a result, the incomplete VIII:C inactivating properties of type

II antibodies are exaggerated when they are bound to PAS (Fig. 7). Similar observations have been reported for rabbit anti-VIII:C immobilized by coupling to agarose.¹² This steric effect was not detected with type I antibodies (Fig. 5).

Thus, the complex inactivating properties of type II antibodies are due to the antigenic determinants with which they react and the steric interference by the VIIIIR protein that partially shields the antigens. In addition, one type II antibody formed an immune complex that retained VIII:C activity. Only one of four type II antibodies had this property, however, and it was demonstrable only when the antibody was added to separated VIII:C. None of the type II antibodies formed VIII:C immune complexes which had residual coagulant activity when they were mixed with unfractionated plasma. For this reason, it is still not certain whether patients with type II antibodies retain some VIII:C activity in immune complexes or if they have, in vivo, a heterogeneous population of VIII:C molecules, some of which retain activity because they are protected by VIIIIR.

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